GRAZ BCI

Pilot Registration Form for Teams

CYBATHLON BCI Series 2019

1	Team	
1.1	Team name (same as in Registration Form for Teams)	

The pilot shall have consulted a certified medical doctor who shall have confirmed that there are no objections to participation of the pilot at the CYBATHLON BCI Series races from a medical standpoint. The medical doctor shall be familiar with the potential risk of injuries that can occur in parathletic activities such as those performed at the CYBATHLON BCI Series 2019 as well as the physiological stress inherent in competitive situations such as CYBATHLON BCI Series races. In case of medical doubt the medical doctor shall conduct specific medical screening (e.g. cardiovascular disease screening) prior to the pilot's participation in the CYBATHLON BCI Series 2019.

Please provide the following general information for the pilot:

2	Pilot general information	
2.1	FAMILY NAME	
2.2	First name, middle name(s)	
2.3	Institution/Company	
2.4	Street, Number	
2.5	Postal code	
2.6	City	
2.7	Country	
2.8	Citizenship	
2.9	Email address	

2.10	Phone office	
2.11	Phone mobile	
2.12	Sex	□ female □ male □ other
2.13	Year of birth (dd/mm/yyyy)	
2.14	Email address may be disclosed for event related media purposes, sponsors, or public	□ yes, I allow disclosure □ no, I do not allow disclosure
2.15	Personal data may be disclosed or event related purposes (e.g. programme leaflet, website, team introduction in the arena)	yes, I allow disclosure of □ age □ details about lesion/injury/ impairment □ time since injury no, I do not allow disclosure of □ age □ details about lesion/injury/ impairment □ time since injury

Please provide the following information for the CYBATHLON BCI Series race. Please find the inclusion criteria in the Race Task Description CYBATHLON 2020.

BCI	Brain-Computer Interface Race	
BCI.1	Kind of diagnosis (e.g. SCI, Stroke, MS, ALS) Description (e.g. Hemi-/ Para-/ Tetraplegia; Lesion height, complete, incomplete, etc.)	
BCI.2	AIS (mandatory)	□ A □ B □ C □ D
BCI.3	Other scores (if available)	

3	*Further required information*	
3.1	Time of lesion/injury (mm/yyyy)	
3.2	Other lesion / injury / impairment	
3.3	Able to stabilise trunk	□ yes □ no
	Able to stabilise neck and head	□ yes □ no
	Able to control arms and hands	□ yes □ no
3.4	Wheelchair user	□ manual □ powered □ no
	Postural support used	□ pelvis □ torso □ head □ no
	Frequency of use	□ rarely □ occasionally □ frequently
3.5	Use of other assistive technology	□ yes □ no
	Kind of assistive technology	□ walker □ crutches □ cane
	Other assistive technology	
3.6	Technical assistance for respiration	□ yes □ no
	Kind of assistance for respiration	□ pacemaker □ ventilator
	Other assistance for respiration	
3.7	Active implanted medical device (e.g. medication pumps or pacemakers of any kind)	□ yes □ no
	If yes, please specify	
	As signing pilot, I am aware of the risks involved with such active implanted medical devices: E.g. potential electromagnetic interferences between active implanted medical devices and other electronic devices present at the competition venue (e.g. prototype assistive devices) can appear. This risk cannot be averted. **ETH Zurich and the CYBATHLON Series organizer disclaim any liability for any such occurrence.**	
3.8	Participated in similar events	□ yes □ no
3.8	If yes, describe (type, how often)	

Please note that a written confirmation in German/French/Italian/English/Spanish and signed by a medical doctor is required stating that the pilot is fit for participation in CYBATHLON BCI Series races.

At any point on the day of CYBATHLON BCI Series 2019, the pilots can be tested on their abilities. If their abilities do not meet the inclusion criteria the pilot will be disqualified. Please find the inclusion criteria in the Race Task Description CYBATHLON 2020.

Now and therefore

*I, the undersigned **pilot** in the CYBATHLON BCI Series 2019 and team preparation stage **acknowledge** herewith that my participation to the event involves risks inherent in such event with equipment prototypes. I will have at least one technical testing session with the technology provider. **I assume all the risks** of CYBATHLON BCI Series 2019 and team preparation stage, including health and personal safety risks. Furthermore, **I am obligated to follow** the instructions delivered by the technology provider and/or the CYBATHLON BCI Series organisers.*

In any case, insurance is the team officials' own responsibility. The team leader and pilot will be asked on---site to sign a registration sheet, including insurance statements. If that document is signed, the CYBATHLON BCI Series organisers must and will assume that adequate insurance coverage has been obtained as requested.

For the avoidance of doubt, participation in the CYBATHLON BCI Series 2019 is governed by Austrian law.

Therefore, in consideration of the risks, I, the undersigned, intending to be legally bound, consent to the assumption of such risks.

Please send both an electronic AND a printed, signed (wet ink) and scanned copy by email to the CYBATHLON BCI Series organiser (BCISeries2019@tugraz.com).

✍

Date _____

✍

Place _____

✍

Name and signature of the pilot _____ _____